U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 1 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0183 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 03104		2. Fiscal Year Covered From:		
6135		10 / 1 / 2004 Through: 9 / 30 / 2005		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name James m Donohue		Name communications workers of america, local 3104		
		Labor Organization File Nu	raber 027-050	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 1361 south ocean blvd-apt-406		Street 3121 sw 15th	street	
City pompano beach		City pompano beact	3	
State Florida	ZIP Code + 4 33062-7160	State Florida	ZIP Code + 4 33069-4806	
5. Position in labor organization. president				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name Vince Rubiera		four (4) meetings withBellsouth corp. Quality process-lgp process		
Trade Name, if any: Bellsouth Telecommunications		process-igp proces	15	
	SCOMMATTICAL POLIS			
P.O. Box, Bldg., Room No., if any		7.b. Amount.		
Street 250 sw 62 avenue, 3rd f	loor	7.5. Allound		
City Hollywood			\$2,486	
State Florida	ZIP Code + 4 33023			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed frames Dorothus		On 0//04/06	954-970-3104	
The state of the s		Date	Telephone Number	
Form LM-30 (2003)		* * * * * * * * * * * * * * * * * * * *	Page 1 of 2	

Name of Person Filing James Donohue	File Number U- 03104			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			